Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMIB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND

CHANGE OF CORRESPONDENCE ADDRESS

Application Number	08/681,508
Filing Date	05-02-2001
First Named Inventor	Victor V. Gogolak
Title	METHOD FOR CHAPPICALLY CEPECTING ORUG
Art Unit	2329
Examiner Name	8USS, BENJAMIN J.
Attorney Docket Number	086281/20002

I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
	Number as my/s identified above	opoint Practitioner(s) associated with the following Customer i my/our afterney(s) or agent(s) to prosecute the application bowe, and to transact all business in the United States Patent		25223				
,	and Trademark Office connected therewith: Off							
	i hereby appoint Pracilioner(s) named below as my/our attorney(s) or ageni(s) to prosecute the application identified above, and to transact all business in the United States Paters and Trademark Office connected therewith:							
		Practitioner(s) Name	Registration Number					

	***************************************		*******************************	**********************				
			<u></u>					
Please recognize or change the correspondence address for the above-identified application to:								
The address associated with the above-mentioned Customer Number.								
OS.								
	The address associated with Customer Number:							
O)								
7****	Firm or							
	Individual Name		*********************					
Addres	58							
City			State		Zip			
Count								
Telepi		Enzil						
i am the: Applicant/inventor OR								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on								
/// SIGNAJURE of Applicant or Assignee of Record								
Signat	urs		****	Date	14 Feb 2011			
Name		}			(703) 860-7082			
Title and Company Chief Executive Officer, Drugt.ogic, Inc.								
NOTE: Signatures of all the inventors or essignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below?								
*Total offorms are submitted.								

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTC) to process) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTC. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form analize suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Trademark Office, U.S. Department of Commercia. P.O. Box 1456, Assandria, VA 22313-1456. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1458, Alexandria, VA 22313-1456.